



# California Health Benefit Exchange

The Supplemental Vision Benefits Solicitation Attachment 14 – Vision Standard Plan was amended on March 15, 2013. Please examine remaining pages of this document for a comprehensive review of all changes.

**California Health Benefit Exchange  
Solicitation for Supplemental Vision Benefits  
Attachment 14 - Proposed Supplemental Standard Plan Designs**

Carriers are expected to bid both SHOP and Individual plans and provide different rates (Employer-Sponsored, Voluntary and Individual) for both plans.

Employer-Sponsored denotes minimum 75% Employer Contribution. Group Voluntary denotes Employer Contribution Less than 75%.

For any discount (%) percentages listed, bidders must specify what equipment and/or product lines are covered by that discount and what equipment and/or product lines are excluded.

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## SHOP Vision Plan

Bidders are to list the co-payment amounts and/or percentage discounts associated with the benefits shown below. The co-payment amount for Eye Exam must not exceed \$10.

Benefit	Co-Payment (\$)		Frequency
	In-Network Cost <i>Can include % Discount</i>	Out-of-Network Allowance	
<b>EYE EXAM W/ DILATION</b>			
<i>Co-payment amounts for Eye Exams must not exceed \$10</i>			
<ul style="list-style-type: none"><li>Comprehensive routine exam of visual functions and prescription of corrective eyewear (one per frequency)</li></ul>			12 Months
<b>STANDARD CORRECTIVE LENSES</b>			
<ul style="list-style-type: none"><li>Single vision</li><li>Lined bifocal</li><li>Lined trifocal</li><li>Lenticular lenses</li><li>Standard progressive lenses</li><li>Premium Progressive lenses</li></ul>			12 months
<b>STANDARD LENS OPTIONS</b>			
<ul style="list-style-type: none"><li>UV Coating</li><li>Tint (solid and gradient)</li><li>Polycarbonate (child up to age 18)</li><li>Polycarbonate (Adult)</li><li>Scratch-resistant coating</li><li>Anti-reflective coating</li><li>Photochromic lenses</li><li>Other add-ons and services</li></ul>			
<b>FRAMES</b>			
<ul style="list-style-type: none"><li>Any frame available at provider location</li></ul>			24 months
<b>CONTACT LENSES</b>			
<i>(In lieu of eyeglass lenses)</i>			
<ul style="list-style-type: none"><li>Exam fit and follow-up (Standard contact lenses)</li><li>Exam fit and follow-up (Premium contact lenses)</li></ul>			12 months
<ul style="list-style-type: none"><li>Conventional</li></ul>			
<ul style="list-style-type: none"><li>Disposable</li></ul>			
<ul style="list-style-type: none"><li>Medically Necessary</li></ul>			

## Individual Vision Plan

Bidders are to list the co-payment amounts or percentage discounts associated with the benefits shown below. The co-payment amount for Eye Exam must not exceed \$10.

Benefit	Co-Payment (\$)		Frequency
	In-Network Cost <i>Can include % Discount</i>	Out-of-Network Allowance	
<b>EYE EXAM W/ DILATION</b>			
<i>Co-payment amounts for Eye Exams must not exceed \$10</i>			
<ul style="list-style-type: none"><li>Comprehensive routine exam of visual functions and prescription of corrective eyewear (one per frequency)</li></ul>			12 Months
<b>STANDARD CORRECTIVE LENSES</b>			
<ul style="list-style-type: none"><li>Single vision</li></ul>			12 months
<ul style="list-style-type: none"><li>Bifocal</li></ul>			
<ul style="list-style-type: none"><li>Trifocal</li></ul>			
<b>STANDARD LENS OPTIONS</b>			
<ul style="list-style-type: none"><li>UV Coating</li></ul>			
<ul style="list-style-type: none"><li>Tint (solid and gradient)</li></ul>			
<ul style="list-style-type: none"><li>Standard Polycarbonate (child up to age 18)</li></ul>			
<ul style="list-style-type: none"><li>Standard Polycarbonate (Adult)</li></ul>			
<ul style="list-style-type: none"><li>Premium Progressive</li></ul>			
<ul style="list-style-type: none"><li>Standard Scratch-resistant coating</li></ul>			
<ul style="list-style-type: none"><li>Standard Anti-reflective coating</li></ul>			
<ul style="list-style-type: none"><li>Standard Progressive (add-on to bifocal)</li></ul>			
<ul style="list-style-type: none"><li>Other add-ons and services</li></ul>			
<b>FRAMES</b>			
<ul style="list-style-type: none"><li>Any frame available at provider location</li></ul>			24 months
<b>CONTACT LENSES</b>			
<i>(In lieu of eyeglass lenses)</i>			
<ul style="list-style-type: none"><li>Exam fit and follow-up (Standard contact lenses)</li><li>Exam fit and follow-up (Premium contact lenses)</li></ul>			12 months
<ul style="list-style-type: none"><li>Conventional</li></ul>			
<ul style="list-style-type: none"><li>Disposable</li></ul>			
<ul style="list-style-type: none"><li>Medically Necessary</li></ul>			